APPLICATION FOR LICENSURE BY EXAMINATION FOR GRADUATES OF FOREIGN NURSING SCHOOLS

State Form 50023 (2-01)
Approved by State Board of Accounts, 2001

INDIANA STATE BOARD OF NURSING
Health Professions Bureau
402 West Washington Street, Room 041
Indianapolis, Indiana 46204
(317) 232-2960
http://www.state.in.us/hpb/boards/isbn/

HEALTH PROFESSIONS BUREAU USE ONLY	
Application fee	Receipt number
Date fee paid	License number
Issuance date	

PLEASE TYPE OR PRINT CLEARLY. ANSWER ALL QUESTIONS.

Are you applying for a license as a:
☐ Registered Nurse ☐ Licensed Practical Nurse

Have you taken the NCLEX examination previously?
☐ Yes ☐ No

If Yes, when and in what state?

Name (*last, first, middle, maiden*) (*include any names EVER used*)

Address (*number and street or Rural Route, city, state, ZIP code*)

Daytime telephone number (*include area code*)	Date of birth (*month, day, year*)	Place of birth (*city and state*)

Social Security number *

* Your Social Security number is being requested according to IC 4-1-8-1. The request is MANDATORY and this application cannot be processed without it.

E-mail address

NURSING EDUCATION

Name of nursing school

Length of program	Date of entrance
Date of completion	Date of graduation

You must submit an **OFFICIAL** or **NOTARIZED** copy of your nursing school transcripts, separated into clinical and theory hours or days.

HIGH SCHOOL EDUCATION

Name of school

Location

Date of graduation

If you are not a high school graduate, have you taken and passed the GED? (*If yes, submit an official copy of your GED scores*)
☐ Yes ☐ No

Do you hold, or have you ever held, a license, certificate, registration or permit to practice any regulated health occupation?
☐ Yes ☐ No

List all states, including Indiana, foreign territories, or countries, in which you hold or have held a license, certificate, registration or permit to practice any regulated health occupation.

License Type	State / Country / Territory	Number	Date of Issue	Status

COMMISSION ON GRADUATES OF FOREIGN NURSING SCHOOLS EXAMINATION

Have you taken and passed the Commission on Graduates of Foreign Nursing Schools Examination? ☐ Yes ☐ No	If your answer is "**Yes**", provide the date you took the examination.

The CGFNS must send evidence that you passed the examination directly to the Health Professions Bureau.

If your answer is "**No**", you MUST TAKE AND PASS this examination before taking the registered nurse examination, and have the Commission submit such proof directly to the Health Professions Bureau. For information regarding the CGFNS examination, please contact:

Commission on Graduates of Foreign Nursing Schools
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
(215) 349-8767

** Applicants who have completed a practical nursing program are not required to take the CGFNS examination.

NOTICE: If you completed a registered nurse program or the equivalent (*2-4 year program*) in a foreign country, you will only be eligible for REGISTERED NURSE licensure. Foreign educated registered nurses are not eligible for practical nursing licensure in Indiana.

If your answer is "**Yes**" to any of the following, explain fully in a sworn affidavit, including all related details. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held in **any** state or country? ☐ Yes ☐ No
2. Have you ever been denied a license, certificate, registration or permit to practice as a nurse or **any** regulated health occupation in **any** state or country? ☐ Yes ☐ No
3. Are there charges pending against you regarding a violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☐ No
4. Have you ever been convicted of, pled guilty or nolo contendre to:
   A. A violation of any Federal, State or local law relating to the use, manufacturing, distribution or dispensing of controlled substances, alcohol or other drugs? ☐ Yes ☐ No
   B. To any offense, misdemeanor or felony in any state? (*Except for minor violations of traffic laws resulting in fines*) ☐ Yes ☐ No
5. Have you ever been terminated, reprimanded, disciplined or demoted in the scope of your practice as a nurse or as another health care professional? ☐ Yes ☐ No
6. Have you ever had a malpractice judgement against you or settled any malpractice action? ☐ Yes ☐ No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant	Date (*month, day, year*)

APPLICANT

Two (2) passport-quality photograph taken not earlier than eight (8) weeks prior to the date of application, dated and signed across the back in the applicant's handwriting, "I certify that this is a true photograph of myself".

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Health Professions Bureau of Indiana any files, documents, records or other information pertaining to the undersigned requested by the Bureau, or any of its authorized representatives in connection with processing my application for licensure as a nurse.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Health Professions Bureau of Indiana to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Bureau and the Indiana State Board of Nursing from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to the same.

Signature of applicant	Date (*month, day, year*)